2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000067731 May 16, 2000 8:00 am Secretary of State NOLIA INVESTMENTS, INC. 05-16-2000 90077 022 ***150.00 Principal Place of Business Mailing Address 9955 TAMIAMI TRAIL NORTH 9955 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34108 NAPLES FL 34108-1914 2. Principal Place of Business 3. Mailing Address 2500 Airport Road South 2500 Airport Road South 311 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 311 Suite 311 City & State Naples, FL City & State Applied For 4. FEI Number 65-0686597 Naples, FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34112 Fee Required USA 34112 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MELINDA P. RIDOLE Street Address (P.O. Box Number is Not Acceptable) RIDDLE, MELINDA P 9955 TAMIAMI TRAIL NORTH SUITE 3 NAPLES FL 34108 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DVPT DVT K Change Addition TITLE ☐ Delete RIDDLE, MELINDA P RIDDLE, MELINDA P. NAME 9955 TAMIAMI TRAIL NORTH, SUITE 3 STREET ADDRESS STREET ADDRESS 2500 Airport Road South, Suite 311 CITY-ST-7/P CITY-ST-ZIP NAPLES FL 34108 Naples, FL 34108 Delete TITLE TITLE ALAIMO, JOSEPHINE NAME NAME ALAIMO, JOSEPHINE 9955 TAMIAMI TRAIL NORTH, SUITE 3 STREET ADDRESS STREET ADDRESS 2500 Airport Road South, Suite 311 CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34108 Naples, FL 34112 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

MASS. AND

4-78-00

941-530-2420

☐ Change

Addition

Daytime Phone

CR2E034 (9/9